

# Confidential

Volunteer Counsellor Application Form

I wish to be considered to join the next Bereavement Counselling Course and to become a volunteer bereavement counsellor at KBS.

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| --- | --- | --- | --- | --- | --- | --- |
| Preferred Pronouns |  | | | | | |
| Name |  | | | | | |
| **Address** |  | | | | | |
| **Telephone** | **Home**  **Work**  **Mobile**  Any preferences or instructions about being contacted: | | | | | |
| **Email address** |  | | | | | |
| **National Insurance Number** |  | | | | | |
| **Current and previous occupations (including all dates)**  **Please use a separate sheet if necessary and include any gaps in your work history** |  | | | | | |
| **Please give us the names and addresses of two referees**  One of these must be your clinical supervisor or course tutor, and one must be someone you have known for at least three years.  Please note we will take up references prior to interview. | **1**  **Email address:**  How long has this person known you and in what capacity? | | | | **2**  **Email address:**  How long has this person known you and in what capacity? | |
| **What counselling or**  **other relevant**  **training do you**  **have or are**  **currently engaged in?** | | **Title of qualification** | | **Where you**  **studied/are studying** | | **Dates** | |
| **What inspired you to become a counsellor?** | |  | | | | | |
| **Please tell us something about a significant bereavement you have experienced**  **and what supported you at the time.** | |  | | | | | |
| **I confirm that I have not had what I would consider a significant bereavement in the last two years. □ Yes** | | | | | | | |
| **Tell us about your**  **experience of**  **counselling clients.** | | |  | | | | |
| **Number of Supervised counselling hours.** | |  | | | | | |
| **What experience have you had with evaluating your counselling?** | |  | | | | | |
| **Student or full UKCP/BACP Membership?** | | **Yes/No**  **Membership number:** | | | | | |
| **Where did you hear about this vacancy?** | |  | | | | | |

Because this work involves contact with vulnerable people, you are required by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 to declare all convictions, including spent convictions.

Please give details of these in a sealed envelope, or sign the declaration below.

*‘I declare that I have no previous convictions, cautions, or bind overs’*

*Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please complete and return to: Nadine Doran-Holder, Adult Service Coordinator, at:**

[**adultservice@kbscharity.org.uk**](mailto:adultservice@kbscharity.org.uk)